

CITY OF DETROIT

Michigan Freedom of Information Act (FOIA) Request for POLICE RECORDS

Please note that failure to complete certain fields on this form may result in a denial of your request.

1. Individual making this request: _____

2. Street address: _____

City/State/Zip: _____

Telephone number: _____ Fax number: _____

Email address: _____

3. Your client or insured (optional): _____

4. Type of record requested: _____

5. Name referred to in record: _____

6. Description/Nature of the incident: _____

7. Date and time of incident, if any, or period of time: _____

8. Detroit address or intersection of incident, if any: _____

9. Any other information that will assist the Police Department in locating the requested record:

I acknowledge that if this request is made within 30 days of a motor vehicle accident report being filed, I am prohibited from doing the following: using the report for any direct solicitation of an individual, vehicle owner, or property owner listed in the report, or disclosing any personal information contained in the report with a third party for commercial solicitation of an individual, vehicle owner, or property owner listed in the report until 30 days after the date the report is filed.

Signature: _____ Dated: _____

NOTE: 1) Failure to complete this form may result in a denial of your request.

2) If the requested record pertains to an individual other than the requestor, a notarized authorization to release the record may be required from the person who is the subject of the request.

HAND-DELIVER OR MAIL THIS REQUEST TO:

City of Detroit FOIA Coordinator or DPD Law Unit
City of Detroit Law Department
Coleman A. Young Municipal Center
2 Woodward Avenue, Suite 500
Detroit, Michigan 48226-3437